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ABSTRACT

This handbook provides information related to the physical, emotional, and language problems that may face newly adopted Vietnamese or Korean children and their adoptive parents. Cultural differences among Vietnamese, Korean, and American families in such areas as diet, sleeping customs, clothing, child care, communication, toilet habits, and schooling are explained in detail. Suggestions are included for making necessary adjustment periods as easy as possible. A comprehensive collection of general information about possible health problems of the children, with particular emphasis on diseases unique to Asia, is presented. (BRT)

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TIPS on the care and adjustment of VIETNAMESE and other Asian CHILDREN in the UNITED STATES

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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- Adjustment Shock
- Health Information Concerning Asian Children in the United States
- Information Regarding Adjustment of Vietnamese Children
- A Message from the National Association of Blue Shield Plans and the Blue Cross Association.

PS 008 383

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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ADJUSTMENT SHOCK

To help the adoptive parents understand and assist the child in his adjustment into their home, we present this information about the effects on a child of the moves and adjustments he must make in an intercountry adoptive placement.

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ADJUSTMENT SHOCK
(Prepared for Adoptive Parents by Holt Adoption Program)

Do You Understand?

It is difficult to fully realize the physical, emotional, and cultural shocks which hit a child involved in international adoption. At the same time, the new family also has to make adjustments.

The initial reaction is immense relief that the child has actually arrived, mingled perhaps with a belief that he is absolutely perfect. But this can give way to a let-down after the long wait, especially if the child does not immediately respond to the parents' love. The children already in the family may lose their early spontaneous enjoyment of the newcomer, and become jealous or upset that their parents are giving time and affection to him.

Time, and recognition of the fact that all these feelings are normal and shared to some degree by all families, will help the new parents work through their part of the adjustment process.

Likewise, the child is experiencing a flood of feelings, which are much more confusing and frightening because he has not yet learned to know and rely on his new parents. This material can help the family see through the child's eyes, to prepare themselves to ease his transition from old to new, and to understand some of his behavior.

It is necessary to realize that when your child comes to you, he may already have had many bewildering and heartbreaking experiences. He may be afraid that more such experiences will be coming. In the case of a baby, at the very least he has been shifted from his natural home to a foster home and then taken to his adoptive home; in each case, he has to get used to new people and new ways of being handled.

Smaller children may cry and wail for days and even weeks, necessitating around-the-clock rocking (or carrying on the back). Sometimes they will physically fight off affection, and even kick and scream. While this behavior is hard on the parents, it is of course much harder on the child. Sometimes there is diarrhea.

With the older child, he may have lived in a number of places prior to coming to the Holt Children's Center or foster home where he has made friends and has been loved and given love. He may not be ready to leave this home or to accept a new home. He may be homesick off and on for some time, and if so may evidence this through crying, through fright, by being very quiet and unresponsive, or even suspicious. This can indicate a natural anger at the many shifts in his life, and he may show this by yelling or "deliberate naughtiness". Or these feelings may be expressed by physical symptoms such as a temperature, bedwetting, and refusal to eat or sleep.

Parents are sometimes puzzled that the child does not seem as mature as indicated in the information provided to them. This is especially true of toddlers, because at this age they tend to regress and become more babyish when faced with upsetting experiences. Some children want more physical cuddling; some reject it completely because it comes from a stranger and not their beloved Korean or Vietnamese friends.

When such behavior occurs, try to understand how he feels about what has been happening to him and to realize that he may not be nearly as happy to be with you as you are to have him. It is best to handle these feelings

and behavior by showing understanding verbally, by offering to carry him on your back, and by allowing him to cry. Do not try to "make him forget" or to "jolly him out of it" by joking or making promises or by buying presents; instead, tell him you know he is unhappy and angry and that perhaps he does not love you yet but you do love him.

Painful as it is for you to see him cry or exhibit anger, it is necessary for him to express this grief so that he will then be free to accept the break with his past and to integrate the several parts of his life.

Or perhaps your child may attach himself to one member of the family and not let that person out of sight for fear that this person too will desert him. He may demand all the attention and be envious of any attention shown to others, especially to children. Do not be alarmed about this, or scold him; instead, tell him you love him and others at the same time, and he too will learn to love more than one person.

Usually, however, the child exhibits neither open rejection or clinging demands. Rather, he internalizes his feelings and is quiet, self-contained, passive. He may withdraw even from looking at you, and when he does look, his eyes show wariness. He will sleep a lot, or sit quietly and not respond to the toys you give him.

Don't overwhelm him with physical loving and attention if he does not want it. Let him know you are there, and respect his desire to look you over and decide for himself when he will respond.

Give him time -- a week, a month, several months or more if necessary. As you wait, try to imagine what it is like to be little and to be shifted about with no control over what happens to you, and you will realize that it takes a long time to replace these fears by a trust in people. Since some of these shifts were made by people who loved him and were kind, it is possible that your love and kindness may themselves frighten him.

Give him time to become accustomed to his new family and to the many new things he has to learn and do. As he becomes adjusted and learns he is loved and feels more secure, he will be less frightened and angry and can then learn to love you and to express this through physical loving and through trying to please you and do as you request. Do not force him to give affection. Express your love through quiet observation and appropriate approval, and show an awareness of how he feels. Perhaps he wants to be held or rocked. Even bigger children need this warmth and special attention from time to time. You will be rewarded by a natural growth of the child's love.

Other Parents Have Observed

The following paragraph from OURS Handbook (page 67) tells vividly the hurt, bewilderment, and homesickness of one four-year-old-boy:

> ...He told her that he was very unhappy and very angry at his mother for sending him away. He said he knew the new people were good and that they wanted to be nice to him, but they were not very intelligent. They didn't understand him when he talked. And they spoke funny Korean he could barely understand, and they were always talking that other language, gabble, gabble, gabble, and he couldn't understand a word. Also he couldn't understand why he wasn't living in America, as he had been promised. In America, as everybody knew, there were thousands of toys for everyone, and everyone had his own television set. Here, there was only one for the whole family. By and large, he did not like living here, and if he couldn't go back to

> Korea, he would at least like somebody to sleep with him as his mother did. No, not the new lady. He wanted the new Daddy....

Another four-year-old refused to take off his coat and cap when he got to his new house. Neither would he eat, not because the food was strange but because he was objecting to all the moves he'd made in the last few months. And even after he seemed quite well adjusted, he still refused to get into the family car for fear he would once again be whisked off to another home.

The Child's Pace

The older the child, the harder it is for him to make the adjustments. The key to helping is to "go at the child's pace". When he is ready to take on the ways of his new home, he will do so. In the meantime, don't make a great fuss over things. "Understanding" means trying to see through the other person's eyes, and you will need to constantly remind yourselves to try to look at things as if you had never seen them before.

Language will be harder for a child who is age four and up. Children, of course, learn a new language more quickly than adults, but for the first days and weeks the mass of new words will be confusing to the child. The parents will need to find some way to communicate without words. Sign language and smiles are useful. But don't be surprised if your child gets upset when you don't understand what he is trying to tell you.

It is best to go quite slowly and not overwhelm him with lots of conversation and attempts to teach him words; he will be very busy learning through seeing and listening, and when he is ready, he will begin to say the new words; there is no need to coax or force speaking, and it is most unwise to call attention to any mistakes or lapses into his native language.

After a few months (or days), the older child may resent being asked to talk his native language, because he is trying so hard to identify with his American family and language. In his thinking, to be different may mean to not be accepted.

Just at First

We cannot stress too strongly that receiving the child at the airport and into your home should be as calm as possible. Only the father and mother, brothers and sisters should be at the airport to greet the child. Let him relate first to the person he likes best, and then reach out from there. Plan to stay quietly at home for whatever length of time it takes to make him feel secure; this may be weeks, even months. After he shows he is ready, you can gradually add new people and new experiences. Go slow about inviting friends in and taking him out to meet others. It might even be wise to stay home from church the first week or so. Remember, adoption is like a birth, and the same behavior expected of parents of a new-born child should be followed when the "stork" is really an "airplane".

His Diet

We recommend that for older children food be kept quite bland for several days, and that babies be put on a skim-milk formula, gradually working up to whole milk.

His Emotions

Because of the many shifts in his past life, the child may be wary of having close relationships with his new parents out of fear that he will be separated from them, too. He may feel shoved around and angry over these separations; on the other hand, he may feel bewildered and bereft and deserted. The frustration of not being able to express these feelings can lead to even more emotional outbursts, or -- worse -- emotional isolation. Give him time -- both in learning to talk and learning to love.

Because the older child has usually lived in an orphanage for some time, he may have developed certain behavior patterns. He may be overly passive because of institution routine with little opportunity to think for himself, and/or he may be overly aggressive, as he knows the first one in line tends to get the best handout (whether it be loving from the houseparents, or material things). Having only a few possessions of his own, and no private place to put them, he may not have developed a sense of responsibility toward care of property. In his new home, he may readily share because he has always had to, or he may greedily grab all the things for himself, or hoard possessions, even food.

Most of these behavior patterns will diminish as the child becomes secure and aware that there is no need to continue these actions. However, it may be that it will become necessary for the parents to insist that certain rules be followed or certain chores be done. When parents are not firm, it is possible that a child will interpret this as meaning they are not interested enough in him to care what he is doing. This is especially true if the parents are more lenient with him than with their other children. Your parental instinct, and study of the child, will be your guideline in beginning to set expectations.

The Child's Questions

Many of our older children have lived in orphanages and have waited and waited for a home of their own. They have seen other children leave, and wondered why they could not go, too. They may have developed a feeling of being unloved and unlovable. When they do go for adoption, they are apt to have mixed feelings toward their new parents. They are happy they finally have a home, but they may be unhappy they had to wait so long. As one child said, "If everybody says they love us children so much, then why didn't Holt social workers hurry up and find me a home, and why didn't my new parents think of the idea of adoption sooner?" If your child hangs back from giving you his whole love, this anger over the delay may be part of the cause. Sometimes it helps if the parents take the initiative and express their regret that they did not apply sooner to adopt him.

Eventually your child will begin to question why he could not remain with his natural parents. We suggest you tell him that you do not know the specific details, but you are sure that his parents loved him and that the only way they were able to give him a good home was to be unselfish by placing the child's needs in front of their own desire to rear him to maturity.

In general, when parents don't expect immediate loving from the children, or perfect behavior, the transition is much easier. In fact

within a few weeks or months the child will be making every effort to be a part of his new family. To a child of school age, being alike is to be accepted; to be different is to feel rejected. Therefore he may throw away all his memories of his former land, forgetting even the language, and resenting being pointed out in any way as foreign. Do not be concerned about this; it is his way of telling you he wants to be like you.

Korean and Vietnamese Culture and Customs

It is well to remember that foreign customs are quite different from those in the United States and Europe.

Food. Prior to coming to Holt Adoption, a child may not have had a variety of foods. Even in our foster homes and care centers, the diet does not include as much protein as in diets in American homes.

Babies are generally breastfed, often up to an age which we may feel is inappropriate. Babies that are not breastfed may be given a very sweet canned or powdered-milk formula if the family can afford it. If they cannot, it may be only rice powder mixed with water. We have found that some children upon arrival have an allergic reaction to milk resulting in diarrhea. Doctors often recommend a soybean formula for this problem.

The basic food for Koreans is rice and soup, for all three meals. In addition, there is kimchi (a vegetable dish composed basically of cabbage, turnips, spinach, carrots, radishes, and red peppers, and fermented somewhat like sauerkraut). There is some meat, fish, and eggs. For dessert they eat fresh fruit. Citrus fruits are extremely expensive, but the children love a "treat" of oranges and bananas. Koreans do not like cheese. Tomatoes, corn, and bread are becoming more common in the Korean diet.

With boiled fish, chicken, or beef, babies and toddlers are given powdered milk, eggs, soup, and rice. The Korean version of breakfast cereal is rice, crushed to a powder, and cooked with water, sugar, and a little milk powder. Milk and soft drinks are served at room temperature, as there are few refrigerators. Rice is cooked without salt.

The basic food in Vietnam is rice. There are two, possibly three meals a day. The rice is supplemented by noodle soup, greens, and small amounts of meat and fish. There are many fruits -- bananas, mangos, papayas, oranges, coconuts, pineapple. Fresh milk is usually not available. Older Vietnamese children commonly drink tea. Babies and toddlers are also fed soft-cooked rice, and soup with small amounts of cooked meat or fish.

Generally speaking, a child of school age will quickly adjust to American foods. There is no need to try to cook Korean or Vietnamese food for him; it probably won't taste like the real thing, anyway! Later, as he shows an interest in his background, you might try some recipes, for fun and for help toward an understanding of identity.

In both countries, chopsticks are used, but they do not work well with food cooked American style. Moreover, being the only one using chopsticks would cause the child to feel different, and feeling different may make him feel rejected. Chopsticks can be fun, on occasion, especially if the child is old enough to be the teacher.

Because of the limited diet, it is common for toddlers and school-age children to have poor teeth. Occasionally the teeth will have black streaks in them. While of course dental attention is very much needed, we urge that this be done only after the child is sufficiently settled and secure to be able to tolerate the apprehension or pain which it will cause.

Sleeping Customs. Koreans sleep on the floor on a mattress called "yo"; the blankets are called "tomyo" and "ebul". Do not be surprised if the child is timid about sleeping in a bed; if he is too hesitant, you can make a bed on the floor for him until he makes a move on his own accord to sleep in a bed set on legs.

The Vietnamese sleep in beds; however, the bed usually does not have springs or mattress. The surface of the bed is made of either wood or bamboo and is covered by a reed mat. During the cool, rainy season, many Vietnamese may sleep in their street clothes because blankets are expensive and are not needed year-round.

Clothing. Korean children's clothing is much like that of children in the United States. In the winter, both boys and girls wear pants, usually knitted.

Shoes are not worn in the house. Since any place where shoes are worn is also an acceptable place for spitting and urinating, the older Korean child may find it hard to get used to the American customs.

The Vietnamese children's clothing also resembles what is worn in the United States, although instead of wearing dresses, the girls tend more frequently to wear a blouse and loose pants which resemble pajamas. Babies will frequently not wear diapers. The little children in Vietnam are not used to wearing socks and shoes. Often they play outside barefooted. It would be difficult to become accustomed to shoes and socks all day initially, but they will become accustomed soon.

Toys and Gifts. Neither the Korean nor the Vietnamese children are accustomed to having toys or such items as colors and paper, and we advise you not to overload your child with toys and gifts when he first arrives.

Physical Appearance. The Korean and Vietnamese people are smaller in stature than most Westerners. Koreans tend to be somewhat stocky, and the Vietnamese more slender. This is also reflected in the size of babies and children.

Some children have what resembles a black-and-blue spot on the lower part of their back just above the buttocks. This is known as a "Mongolian spot." This is not something about which you should be concerned, and the spot will disappear as the child grows older.

The shape of some Vietnamese children's heads may be quite flat on the back. Most Vietnamese prefer that shape of head, and they encourage this flattening process by propping the baby's head on either side with pillows when he is lying down, thus prohibiting his rolling from side to side.

Child Care and Training. It is a long-standing Confucian tradition that elders, males, and persons of superior positions are honored and

respected. The younger is submissive to the elder, the female to the male, the lesser position to the superior. The child thus learns to accept decisions or plans unquestioningly; the reverse also is true -- the superior gives orders and makes decisions, and expects immediate acquiescence of those under him, and this is particularly true of boys. For example, the oldest boy expects to be waited on by his sisters and younger siblings.

Generally parents neither play with their small children nor make a strong point of disciplining them or guiding them. Obviously, the less time the parents have (for example, if their main effort has to be put into earning the daily bread), the less the children get.

In Korea, children are carried piggyback by older children and adults, even up to age three or four, and even though he has progressed beyond this stage, a child may want to return to it for a while. A child is not often held on a person's lap, so do not force this; instead, shift him to your back and sit forward on your chair as Korean mothers do. Little girls often want their mothers to tie the dolly onto their backs with a little blanket or a tea towel.

A Vietnamese baby is held in his mother's arms; however, when he gets a little older, his mother will usually carry him on her hip. The children generally are held a great deal, and they are not encouraged to walk as early or as much as many American children are. Love is communicated through talking softly to the child and through close physical contact and affection. Older children, especially girls, are expected to look after the younger ones in the family. Vietnamese children are very adept at squatting and can assume that position for long periods of time.

Vietnamese parents tend not to discipline or to place extensive limits on their children at as young an age as many American parents. Generally, corporal punishment such as spanking or slapping a child's hands is not used, but rather the children are spoken to in a quiet, controlled manner.

The Vietnamese people, including the children, usually do not express their anger or displeasure in a very direct manner; instead, it is expressed in a more passive way which may sometimes be interpreted by Westerners as stubborn, obstructionistic behavior. Especially for the older child, it may take considerable time before he feels comfortable in verbally expressing negative thoughts and feelings.

Waving Motions. Waving motions in Korea and Vietnam are quite different than in the U.S. To try to call your child by beckoning with the fingers while the palm is up will baffle him. But put your palm down and motion him toward you with the entire palm and fingers, somewhat in a "pawing" motion, and he will understand. Our usual movements for waving goodbye may seem like "come here" to him, but if you raise your hand and wave the whole hand from side to side, he'll feel as if you are giving him a good send-off.

Toilet Training and Cleanliness. In all Oriental countries, children are expected to learn toilet habits by imitating the older children, and there is little effort or emotion put into formal training. It is common for children to urinate on the ground where they are playing, rather than go to the toilet-building.

Often Oriental children are less modest regarding excretory functions than youngsters in the States. We advise you to encourage the adopted child to assume standards as they are in the United States, but also have patience and understanding that making this adjustment may take some time.

Because flush toilets are not common in Asia, the children may be frightened of them, and also of the bathtub. Show your child how they work, and give him time to get used to them. When he is ready, he will use them.

Sometimes a Vietnamese mother will wash or wipe her child's tongue with a lemon and salt solution before he is old enough to brush his teeth himself.

Names. In Korea and Vietnam, the name order is the reverse of what it is in Western Countries. In Korea, the family name is written first, then the generation name (all brothers have the same one, and all sisters have another); and finally comes the first or given name. In Vietnam, the family name is written first, followed by at least two more names, the last of which is the first name. "Thi" as a part of the Vietnamese name indicates that the child is a girl.

Homes. Korean and Vietnamese houses and rooms are quite small and are plainly furnished. The houses in Korea have a high brick or cement wall around the tiny yard. Usually, there are many people nearby, as children in town play on the street, and adults use the street as a gathering place.

In Vietnam, many of the homes in the countryside are constructed from bamboo and have mud walls and floors. Most of the homes in the cities and towns are constructed from cement block. As in Korea, the children often play in the street in towns, and the adults use the street as a gathering place.

Because people live so much more close together in Oriental countries than in the United States, children become aware at an early age of sex differences and sexual behavior. In turn, children seldom exhibit much curiosity about sex.

Language. The Korean language is very complex in structure, having five different levels of word-endings and word-choices, depending upon the social status of the person you are addressing. The words given at the back of this article are those which children use. However, because many of the sounds are dissimilar to English, don't be surprised if your child fails to understand your attempts to speak Korean.

The Vietnamese language is a tonal language using five different tones or inflections. Therefore, the meaning of words that are spelled the same can change according to the inflection used in the pronunciation of a word. Written Vietnamese uses the Roman alphabet; however, accent or inflection markings are placed above or under the word to indicate the appropriate inflection.

Schooling. If the child is school age, it is usually better to allow him plenty of time at home, several weeks or even months, before introducing him to still another rough experience -- school with its

unfamiliar people, expectations, and language. Do not worry about the "schooling" he may be losing by not attending formal classes. Remember that he has much everyday information to catch up on, and he will be busy at this while staying at home with you.

We suggest you discuss with the school staff the advisability of starting him at a grade or two lower than his chronological age, with the possibility of allowing him to take two grades a year when he has sufficient language and background to move ahead.

The amount of English the children will know varies; in general, the older the child, the more English he knows. On the other hand, the older the child the more self-conscious he probably is about his language deficiences, and he may tend to act as though he understands even though he does not. We suggest that this point be discussed with his teachers both before and after he enters school.

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After all these cautions and concerns in this "Adjustment Shock", let us share with you the feeling that Holt families express over and over again, that they and their child were meant for each other. Looking back to their early days together, they believe adjustment went so well because the child felt he "had come home at last" and sensed his new parents' relief that "he's really ours now".

When entered into with the right spirit and the proper insight, the joys far outweigh the anxieties involved in adopting a child from another heritage. We hope this article and the materials included in the Reading List which was sent you with the Preliminary Information Letter will give you broader insight.

We are sure that your social worker will welcome hearing about your experiences with your child as he grows up, so that these can be shared with other families as they, too, seek to adopt and to raise children with a foreign heritage.

Here is a list of words for your information and fun.

AMERICAN	KOREAN	VIETNAMESE
Food		
Rice	Pop (cooked) Sah-l (uncooked)	Gum
Fish	Saeng-sun	Ka
Fruit	Kwa-il	Try
Milk	Oo-yoo	Shu-a
Water	Mool	Nook
Meat	Ko-kee	Tete
To drink	Ma-shi-da	Ung
To eat	Muk-da	Ang
Feelings		
Tired	Bae-gon hu-da	Met
To like	Jo-wa ha-da	Tit
Angry	Hwa-ga na-da	Young
Happy	Jo-wa	Shum Suong
Hungry	Bae-kop-pa	Doi Boong
Good	Chot-da	Tope
Bad	Na-Pu-da	Sow
Hot	Deu-ku-wu	Numb
Love you	Sa-rang han-da	You
Headache	Khol-a-pa	Dau Dau
Homesick	Han-kuk saeng-kah na-yo	Nha Nha
Home		
Go home	Jeep-e ka-da	De Vay Nha
Bed	Chim-dae	Ki-young
Toilet	Pyun-so	Cow
Church	Ye-bae-dang	Nha Ta
School	Hak-kyo	Trung Hop
Country and Family		
Airplane	Pee-haeng-kee	My-by
America	Mee-kook	Me
Korea	Han-kook	Di Hang
Vietnam	Wol-lam	Vietnam
Family	Ka-jok	Ya Din
Father	A-bu-jee (or Ap-ba)	Cha
Mother	Uh-mu-nee (or Uhm-ma)	Ma
Brother (older)	H,oung-neem	Anh
(younger)	Dong-saeng	Em Try
Sister (older)	Uhn-nee	Che
(younger)	Dong-saeng	Em Guy
Son	A-dul	Cawn Try
Daughter	Ddal	Cawn Guy

AMERICAN	KOREAN	VIETNAMESE
Miscellaneous		
Thank you	Ko-map-sum-ni-da	Cam Mun
You're welcome	Chun-man-ne-o	Kome Caw Chee
No	An-ni-o	Kome
Sentences		
Do you need to use the bathroom?	Pyun-so kai-leh?	Em de te-u kome?
Have you eaten enough?	Mah-ni-muh-gut-ni?	Em ang dew chua?
Are you hungry?	Bae-ko-pa?	Em doi bung kome?
Are you sleepy?	Ja-go-shim-na?	Em buong ngu kome?
Are you sick?	A-pa-yo?	Em dau kome?
What do you want?	Mu-ut-wun ha-na?	Em moon ye?
I am sorry.	Me-an-hae-yo.	Toy rat teak.
Don't be afraid.	Mu-so-wha ha-ji ma ra.	Kome cau sha.

HEALTH INFORMATION CONCERNING ASIAN CHILDREN

IN THE UNITED STATES

This material is the result of the collaborative work of employees and consultants of Holt International Children's Services, P. O. Box 2420, Eugene, Oregon, 97402, as follows:

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Should your doctor find unusual medical conditions requiring consultation regarding circumstances unique to Korea or Viet Nam, we suggest he call Dr. Harris at Columbia Presbyterian Medical Center in New York City. The telephone number is 212/579-1885. Her address is 630 West 168th Street, New York, New York 10032.

Medical Information

Your child will be coming soon. We are sure that your hearts and minds are full of love and anticipation as you prepare for his arrival.

To help in your preparation, we are sending you this booklet of general information needed for an understanding of possible health problems, with a particular emphasis on problems that are unique to Asia and rather rare in the United States. It covers many subjects, because an awareness of the possibility of an unusual disease is a big plus in diagnosis, and because our experience shows that adoptive parents have many questions.

The materials which have already been sent to you carry information about your child's development and health. For children under our direct care, we utilize all available resources to assist in this development and to treat health problems. If the problems do not require immediate attention, we feel the child may be better cared for in his new home. However, children coming to the U.S.A. direct from orphanages other than our own may not have had the type of care we desire.

We urge that you share these child reports and this booklet with your doctor, together with the medical records which will be sent along with your child. Please keep these materials in a permanent file, as you will want to refer to them frequently.

When your child is ready, he should be given a general physical checkup, including stool examination. In judging whether he is ready, keep in mind that all experiences in the first few days and weeks with you are new experiences to him, and therefore energy-consuming and emotion-packed. It is wise to keep these new experiences to a minimum and as casual as possible.

Routine Immunizations

We encourage you to consult with your local physician to continue the routine vaccinations and immunizations we have started. These are recorded on your child's social and medical reports. Particularly in Korea, many of our children live in other orphanages and are not under our direct care, and come to us just before they leave for the States. Health care varies in these orphanages, and it may be that not all the shots have been given. If you are in doubt about whether shots have been given, consult your physician as to the advisability of doing them again.

There is pretty general agreement that an optimum immunization schedule involves whooping cough, diphtheria and tetanus (DPT) with three immunizations before age one and a booster at 18 months and five years (American Academy of Pediatrics, American Academy of Family Physicians).

Smallpox vaccination is given to all our children who are over twelve months of age if there are no skin problems. Most Vietnamese children receive smallpox vaccination when they are two or three days old, usually on the left thigh and occasionally on the sole of the foot. We plan to vaccinate all children before they leave Viet Nam. Whether further smallpox vaccination is necessary depends upon your local government regulation.

Oral trivalent polio vaccine ideally is given as two doses before one year of age, another at 12 to 18 months, and a fourth at age five years. If your child hasn't had the initial ones or has had a break in his schedule, contact your own physician.

Many adults in foreign countries have never had measles, and therefore babies are born without a natural immunity. It is not unusual for babies to get measles at age two months. Many of them get it at age five or six months. Usually by age two, children in Korea have had the disease. The most usual complication from measles is pneumonia, and then we usually hospitalize the child. The older and stronger the baby is, the more probable it is that he will survive, but the weak little ones are likely to die.

Measles vaccine may be given after seven months of age. In Korea but not in Viet Nam, we give measles vaccine (live, attenuated) whenever possible to all children under two years of age. If the child is sick, is on TB treatment, or is in the middle of getting other shots, the measles vaccination may be delayed.

It can happen that a baby gets measles after having had the vaccine. If he does, the case is less severe. If we know babies have been exposed to measles, we give gamma globulin, as this helps to decrease the severity, but doesn't necessarily prevent the disease. Measles cause dark pigmentation of the skin which usually fades in time.

You will find these vaccinations clearly listed on your child's clinic chart. Measles live attenuated vaccine may not produce permanent immunity if given before age twelve months. Therefore, your doctor may wish to repeat it in order to assure lifelong immunity. If your child had only gamma globulin (or measles immune globulin) for temporary immunity and did not get the disease, then he will definitely need the live attenuated vaccine to produce permanent protection.

Rubella (German measles, three-day measles) vaccine is advisable at a convenient time after your child's arrival. It is not generally given in Asia.

Mumps vaccine is somewhat equivocal as to effectiveness, so rely on your own physician's advice.

As in the case of measles, often there is no natural immunity for chicken pox, and therefore babies can get it very young, for example at two months of age. The most usual complication from chicken pox is secondary infection at the site of the rash; other complications are rare.

Food and Vitamins

Our babies are given multivitamins along with their formula. Multivitamins are given to all the tubercular children. Older children receive vitamins when these are available.

Because of diet, parasite infection and/or other factors, anemia is quite prevalent, and iron is given to all our anemic children. In addition, children are placed on iron supplements if their blood test indicates low iron.

We suggest these supplements be continued if your physician concurs.

Research has shown that some people have trouble digesting milk because they have reduced amounts of the enzymes necessary for digestion of lactose (the sugar in milk). This condition is more common among teenagers and adults than among babies, and more common with Orientals and Blacks than with Caucasians. This condition is temporary, for the most part, and is indicated by gas, intestinal cramps and diarrhea after milk consumption. However, they will be able to tolerate cheese, yogurt, and cultured milks where lactose is already split. Also, small amounts of regular milk with a gradual increase will, in most instances, restore the body's ability to produce the enzyme lactase.

Research has also developed products to help break down the lactose to make it more easily digestible. If your child begins to dislike dairy products or develops stomachaches after them, your doctor may suggest using one of these products. Other forms of protein are quite as acceptable as milk protein as long as the total dietary intake is adequate in the essential amino acids.

Your physician will be aware that there are other malabsorption diseases and diseases such as cystic fibrosis (muco viscidosis).

If your child has continuing cramps, foamy stools or poor weight gain, check with your doctor.

Teeth

In both Viet Nam and Korea, the dental condition of children who come to us beyond babyhood is often poor. A diet heavy in carbohydrates and light in proteins, combined with poor mouth hygiene, are the usual causes. In Viet Nam, the children often suck on sugar cane and snack on sweets such as sticky-rice, and their diet contains little fruit. In Korea, children tend to have more cavities now than some years ago because of a greater quantity of sweets being available.

Our dental services in both countries are minimal because of budgetary limitations. You will want, therefore, to have a dental checkup for your child soon; however, please wait until your child is adjusted sufficiently to cope with this experience. Then, if treatment is needed which will involve pain or irritation, this should be delayed until the child is able to tolerate the discomfort. Even though the dental needs are important, it will be far too damaging to him while he is still insecure to have the emotional trauma and pain of extensive dental work.

Sometimes pregnant mothers or the children are treated with the antibiotic tetracycline. This often causes discolorations of the deciduous or the permanent teeth. It is not damaging - just cosmetically worth mentioning.

Parasites

Intestinal parasites are endemic in the Far East, and the majority of the children have had worms of one kind or another. Our medical forms include the stool report, and if it is positive, treatment will have been given and rechecks made at appropriate intervals.

However, the possibility always exists that the child will have worms upon arrival. It takes weeks for a worm to become adult, and some might have matured just before the child's departure. It is well, therefore, to have the stools examined periodically for the first month or six weeks, to make sure that no new adult worms have appeared or that no ova are present.

During the first three or four months, while you are checking the general state of health of your new child, it would be wise not to bathe him together with any other member of the family. Also, be sure to wash your hands well after changing and cleaning the child.

This is to protect the rest of the family from any parasite or infection which your new family member still might have. By no means should you isolate the child; just use good common sense in preventing cross-infection.

Be sure to have your doctor carefully check the child's stool for parasites. Among the species seen are: ascaris (round worm), giardia lamblia, hookworm, endolimax nana, trichuris (whip worm), entamoeba and strongyloides. In Viet Nam, amebiasis or amoebic dysentery is also common. Parasitism by other one-called protozoa is not unusual, but we do not treat it unless the infestation is very heavy. We suggest that you check with your physician for diagnosis, treatment and follow-up.

Round worms (ascaris) are very common and easily treated with piperazine. Follow-up stool examinations are important to be sure of completely eradicating the problem. Giardia is another common parasite. Children with symptomatic giardiasis, coincident mal-absorption with or without diarrhea, hypogamma globulinemia and simultaneous infection with other parasites, are candidates for treatment - usually a five day course of quinacrine (atabrine). Again, follow-up examination and retreatment may be necessary.

Pinworm infections (encerobiasis) are annoying but not damaging to a child's health. They often cause perianal itching and may cause vaginitis in little girls. Piperazine or pyrvinium pamoate work well. Changing bedclothes and personal clothing is also important in curing the problem.

Amebiasis responds well to proper diagnosis and therapy. Your doctor will be aware of the possibilities of liver complications and so on.

The Balantidium coli trophozoites are often in stool specimens but are usually not an indication for treatment unless there are evidences of diarrhea or protoscopic indications of mucosal ulcers or malnutrition.

Trichuris (whipworm) occurs occasionally in Viet Nam. Mebendazole has been reported to be very effective and safe (Journal of American Medical Association, December 9, 1974).

Tapeworms do occur. Portions of the worm may be passed, or ova can be seen in stool specimens. Treatment is successful, but it requires attention to low-residue diet or proper medication and follow-up.

Bacterial intestinal infections do also occur.

Infections and Medications

In both Korea and Viet Nam there is a tendency to over-medicate children, or to use antibiotics indiscriminately, with the result that organisms can develop resistance to the normal run of antibiotics. We strongly recommend that cultures be taken of appropriate sites of infection, and the choice of antibiotics should depend upon the sensitivity of the offending organism to the antibiotic.

For staph infections, our Vietnamese staff have found that garamycin can be helpful since it is not commonly available to orphanages. Garamycin has been used in a few ear infections that have been resistant to all other drugs; also, for use in very severe, life-threathening staphylococcal lung infections. This drug requires careful supervision by your physician because of possible toxicity.

Many Vietnamese children come to us with lung problems. Sometimes these have been treated with one drug after the other, without relief of symptoms. It is not clear many times if the disease is viral or bacterial. Other agencies have also reported multiple problems in this same area. We will try to report to you all the known drugs the child has been exposed to, but keep in mind that the chances are great that before coming into our care he has received many others which we don't know about. Thus, be on the alert for sensitivity, allergy or adverse reaction to antibiotics. And, again, we wish to emphasize the necessity for specific diagnosis and that appropriate treatment only be given.

In both Korea and Viet Nam, before coming to Holt, infants were often left to lie on their backs with bottles propped. When swallowing in this position, milk runs into the back of the nose and into the middle ear. These children often develop minor ear infections (otitis media), which if not treated quickly and adequately, can lead to perforation of the eardrum and the development of chronic ear infections. When children come to our care, we wash ears carefully with hydrogen peroxide, and then, according to prescription, instill medication. While some children are constantly being cared for, we still experience problems. This is a critical problem that needs careful follow-up when the child reaches his new home.

Don't clean the ear canals with Q-tips or use any medication in the ears without specific instruction from your physician. It is often valuable to have your child's hearing tested carefully. School-age children will often not realize they are deficient in hearing.

Tuberculosis

Many of our children have a positive tuberculosis skin test. One reason is that a BCG vaccination may have been given; this can be identified by a linear scar on the arm similar to and in addition to the smallpox scar. If the BCG vaccination has been effective, the child will continue to show a positive TB skin test. A BCG vaccination does not always prevent infection but can lessen the severity of TB if contacted.

Other children may have had contact with TB carriers (tuberculosis is a major health problem in these countries) but have overcome the disease.

Once the TB skin test is positive, further routine testing is not necessary unless specifically ordered by your doctor, as the test will usually remain positive. We suggest that the child have a routine annual chest x-ray. If the skin test is negative, repeat skin tests should be routinely done. A change from a negative skin test to a positive one is generally considered an indication for treatment. If the child is not gaining weight, is having fever or night sweats, or is coughing, you should consult your physician.

In Korea if any child under age five shows a positive skin test without evidence of TB infection or BCG vaccination, we give prophylactic INH for six months or one year.

Skin Diseases

Scabies is quite common in Viet Nam and Korea. Children are checked for these problems before leaving for the States, but it is possible there will be outbreak after arrival because of undetected sites of new infestations. If this occurs, please check with your doctor regarding treatment. Scabies is a small parasite in the skin. The mite can be identified at the end of his burrow in the skin by your doctor, and a definite diagnosis is important to avoid confusing with eczema, fungus infection, and so on. Scabies shows up as superficial blisters on the hands and body, associated with scratch-marks. We have found benzine hexachloride or gamma benzene hexachloride or cretamiton the most effective in treatment, along with a change of bed linen and clothing.

Nits or lice eggs can be easily detected in the child's hair. They are silvery oval-shaped envelopes about 1/16 inch long, sticking to the hair shafts. (While similar in appearance to dandruff, it can be distinguished from it; dandruff flakes off.) Our staff uses 1% gamma benzene hexachloride (lindane) in a cream or shampoo.

As long as the child is infected, his clothing should be washed separately in scalding water and his comb and brush kept separate from the rest of the family. If the nits are resistant to removal, selenium dioxide (selsun) works well.

Ringworm occasionally occurs. If it shows up just before flight time, we prefer not to hold up the child, since it takes weeks to clear up. Our staff treats ringworm of the scalp with griseofulvin, and ringworm of the skin with tinactine drops or cream. Ringworm is very contagious, so it is important to keep the child's comb and brush, towels and dirty clothes separate.

Gentian violet is used to treat minor skin problems, such as thrush and candida skin infections. Because it takes a long time to fade, a child may still have faint stains visible when he arrives.

Hepatitis

Hepatitis is common in both Korea and Viet Nam, and many children may have had this disease before coming to Holt. Therefore, for the first four months after the child arrives, the parents should be extra careful to wash their hands thoroughly after handling the child. Hepatitis virus passed through the feces is the source of spread. Washing hands is very effective control.

Signs of hepatitis include lethargy, disinterest in food, and perhaps some jaundice. We suggest that if this occurs, you check immediately with your doctor; he may wish to do a test for hepatitis B antigen and other liver function tests.

Trachoma and Eye Problems

Although trachoma is rare in the United States, it is quite prevalent in some other countries, particularly in localized areas. It is also quite common in certain parts of Korea and Viet Nam. It is caused by an atypical virus, and complicated by poor nutrition and hygiene.

The early pattern of trachoma is recurring conjunctival redness, mild itching and waterly discharge with scanty exudate. Gradually, if untreated, the conjunctiva and cornea become scarred and vision is impaired.

Generally acute conjunctivitis is treated while the child is with Holt; however, some scarring may have already occurred.

If there is frequent conjunctivitis or eye irritation we suggest that your physician check the child for trachoma. The cytoplasmic inclusion bodies are found on epithelian scrappings. The disease does respond to sulfisoxazole orally and broad spectrum antibiotics locally.

Possibly the most helpful thing you can do to aid your physician is to suggest the possibility of trachoma, because it is so rare in the United States that it is not often considered in the differential diagnosis.

Ulcers of the cornea may result from nutritional deficiencies in a few children. This usually improves with a better diet. However, close observation and specific diagnosis is recommended because the ulcerations may impair vision enough so that the child develops amblyopia.

Venereal Disease

Each of our children is screened upon admission to Holt. Any positive reaction is treated by benzathine penicillin, given once weekly for three weeks. When arrested early, no further complications are expected, even though the blood may show a positive test.

If your child has a positive VDRL, it may mean that (1) he received antibodies from the mother (this disappears early), (2) the VDRL may remain permanently positive in a properly treated child, (3) the disease is still active, a rare possibility, (caused by the antibodies in the mother being passed into the bloodstream of her unborn child). Your physician may wish to clarify the situation with sequential tests, quantitative VDRL tests or a fluorescent treponema antigen test (FTPA).

If it appears that your child is going to carry a permanently positive VRDL blood test, he should be informed when he is older so that he will be aware that he may be challenged by a positive report on routine hospital admissions, marriage license examination, blood donor screening, and so on.

Circumcision

Circumcision of babies is not common in either Korea or Viet Nam.

Ordinarily, careful retraction of the foreskin and cleansing of the penis is adequate.

Mongolian Spot

Babies with other than Caucasian background usually have a rather large black-and-blue spot on their lower backs or buttocks. This should be of no concern. It fades in a couple of years.

Pneumocystis Carinii

This is a disease little seen in the United States which is caused by an infecting organism whose classification is not exact. Some experts now believe that it is not a protozoan but, rather, a fungus. In any event, it tends to attack infants in the first four months of life, those particularly who have debilitating disease, are severely malnourished, or premature. The disease has been seen in the very young and malnourished children of Viet Nam. Treatment is difficult. However, it is most important, if such a child has pneumonia, to consider the possibility. There is treatment, but the outlook is serious. It is necessary to emphasize that a lingering pneumonia which seems extensive and is present in a child with severe malnutrition or debilitating disease might be caused by pneumocystis carinii.

Molluscum Contagiosum

This is a disease of the skin caused by a virus and characterized by a small papule with an indentation on the top. It looks like an umbilicus and may occur anywhere on the skin or on the conjunctiva. It has sometimes been confused with chicken pox, warts, or bacterial infections of the skin. It is easy to treat: Removal of the lesions with a sharp curette with sterile technique. Anesthesia is not necessary. However, it is wise to destroy all of the papules by this method. The use of the curette in this way should be undertaken only by a physician or a physician's assistant.

Adopting a child is a complex emotional experience (as you are very aware). . The generous, empathetic, sensitive people who offer their homes, their resources and themselves as adoptive parents are also vulnerable to some difficult times in the relationship with an adopted child.

One of the areas of which you need to be conscious is that your new child won't always be grateful for your efforts. This is also true of one's natural children, but somehow it seems your special efforts in turning to another country for a child, along with your financial sacrifices, should guarantee a special rapport and appreciation from your adopted child. It just can't always be that way!

But the good times and the sense of your own contribution and self-worth will carry you through, if you can just maintain your momentum!

Most of the time your community will also be very supportive of your new family member with the oriental qualities. But both you and your child will occasionally encounter mixed reactions. Be in touch with your own reasons for opening yourself up to this remarkable experience, and do not require continuous community approval to give you your rewards. These will come in small ways -- from trust, from watching a small child's mind and body respond to a supportive environment, from a new experience shared, from a tangible contribution to the brotherhood of man.

Wesley W. Hoskins, M.D.
Medical Consultant
Holt Adoption Program

SUPPLEMENTARY INFORMATION

Dr. Jean E. Carlin, a California psychiatrist,* who spent two tours of duty in Viet Nam, supplied additional information and called special attention to the following common diseases and conditions among the Vietnamese: typhoid, cholera, malaria, dengue fever, plague, leprosy, yaws, pinworms, ascaris, beef and pork tapeworms, whipworms, hookworms, giardia lamblia, schistosoma japonicum.

In addition, Dr. Carlin noted that xerophthalmia, a clouding of the cornea due to a deficiency of Vitamin A, is quite common among Vietnamese children.

*Associate Dean, University of California--Irvine Medical School, Irvine, California 92664.

INFORMATION REGARDING
ADJUSTMENT OF VIETNAMESE CHILDREN

The following is a list of suggestions drawn up by Dr. Jean E. Carlin for individuals working with and caring for Vietnamese children.

Dr. Jean E. Carlin is a former volunteer physician in Viet Nam. She is a psychiatrist and associate dean at the University of California, Irvine Medical School, Irvine, California 92664. She is especially concerned that some families with whom Vietnamese children have been placed for adoption plan to give to their new children American names. She worked in Viet Nam in 1969 and 1971, and has concern that many changes all at once may lead to emotional disturbance.

On the basis of her experience and training, she made the following recommendations:

1. Speak softly.
2. Let any child under two years choose to use chop sticks or silverware.
3. Serve bowls of rice and then rice soup.
4. Allow the child to squat on his haunches instead of sitting on a chair.
5. Don't scold if the child holds his rice bowl under his chin.
6. Let the child choose between sleeping on a bed or on the floor with a blanket or a stuffed toy, or a family pet.
7. Be patient with a child who has never seen an American toilet.
8. Expect a child to hide under the bed when he hears lightening, fireworks, thunder, or a siren which will terrify him.
9. Do not expect thank you in a hurry, because the child has not been taught to express it.
10. Don't beckon with a crooked finger because the signal is used on dogs in Viet Nam and is considered offensive to humans.
11. Don't touch older children on the head, because the Vietnamese believe it will take away their spirit.

A MESSAGE FROM THE NATIONAL ASSOCIATION OF BLUE SHIELD PLANS AND THE BLUE CROSS ASSOCIATION

TO: ALL BLUE CROSS AND BLUE SHIELD CHIEF PLAN EXECUTIVES

RE: VIETNAMESE ORPHANS

THIS IS TO ADVISE YOU THAT THE NABSP BOARD, MEETING APRIL 6 IN CHICAGO, APPROVED A PROPOSAL THAT ALL BLUE SHIELD PLANS BE URGED TO TAKE STEPS TO ENSURE THAT VIETNAMESE ORPHANS--EVEN THOUGH THEY ARE NOT YET LEGALLY ADOPTED--BE COVERED AS SOON AS THEY ARE PLACED IN THE HOME OF A BLUE SHIELD SUBSCRIBER HAVING FAMILY COVERAGE.

THE BOARD NOTED THAT THERE IS NO NEED FOR A SPECIAL EFFORT BY PLANS TO IDENTIFY AND ADD THE VIETNAMESE ORPHANS' NAMES TO THE MEMBERSHIP FILES. PLANS CAN SIMPLY PROVIDE BENEFITS AS SOON AS THE INFANT OR CHILD IS IDENTIFIED AS A VIETNAMESE ORPHAN LIVING WITH A SUBSCRIBER FAMILY.

IT HAS BEEN DETERMINED THAT CONTACT WITH THE MEDIA ON THIS MATTER SHOULD BE UNDERTAKEN ON A PLAN-BY-PLAN BASIS AS SOON AS LOCAL DECISIONS ARE MADE. CARE SHOULD BE TAKEN TO ENSURE THAT THE PRIMARY PURPOSE FOR PUBLICITY IS TO GET THE MEDIA'S HELP IN MAKING THESE BENEFITS KNOWN TO THE FAMILIES INVOLVED.

THE NABSP BOARD FELT THAT THIS SHOULD BE A JOINT ACTION AND WALTER MCNERNEY WAS CONTACTED IMMEDIATELY. HE AGREED THAT WHILE NO OFFICIAL BLUE CROSS ACTION COULD BE TAKEN SINCE THE BCA BOARD DID NOT MEET

UNTIL APRIL 14, THE HUMANE CAUSE INVOLVED IS OVERRIDING AND HE WOULD URGE BLUE CROSS PLANS TO FOLLOW THE SAME PROCEDURE. HE FURTHER AGREED THAT HIS SIGNATURE ON THIS JOINT WIRE WILL SERVE AS NOTIFICATION TO BLUE CROSS PLANS OF BCA'S VIEWS.

NED F. PARISH
PRESIDENT
NABSP

WALTER J. MCNERNEY
PRESIDENT
BCA
4/7/75